(Approved by U. S. Census and American Public Health Association.)

laborer, Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every persongirrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enworked on may form part of the second statement etc., For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Attophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease causing death), 29 ds. Bromhopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condiunqualified is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY as fracture of skull, and consequences (e. g., sepsis,

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	11023 STATE OF MARYLAND
County a bo	CERTIFICATE OF DEATH
	Registration Dist. No. 290
	1)
Village or City as an (No. kmeto	ency OS Q Ward) a hospital or institu-
2FULL NAME Miss. Mary E.	dion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemalo White Single, Single Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH September 27, 131 (Month) (Day) (Year)
6 DATE OF BIRTH June 4	17 HEREBY CERTIFY, That I attended the deceased from
Cet 28 1862	Sept 2/ 192/. to Sept 2/, 193/,
(Month) (Day) (Year)	that I last saw holdalive on Sept 27, 1921,
7 AGE [If LESS than	and that death occurred on the date stated above, at
1.9 4 dayhrs.	The CAUSE OF DEATH * was as follows:
MB OCCUPATION min.?	aller at alle aller
(a) Trade, profession or	a remplesse
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. de.
9 BIRTHPLACE	Contributory Thypetleuser
(State or country)	Secondary A you mos de.
10 NAME OF	1 Phy M Mothers
FATHER Josep & Bullworth	(Signed) M. D.
O II BIRTHPLACE OF FATHER	1927 (Address)
Z (State or country) Delwark	*State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C 12 MAIDEN NAME OF MOTHER POTALLES CONTAIN	IR LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents
OF MOTHER	At place of deathyrsmosds. In the Stateyysmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
A A A A A A A A A A A A A A A A A A A	Former or
(Informant) The Vaco. Sueve.	19 PLAGE OF BURIAL OR REMOVAL (DATE OF BURIAL 1931
(Address) Offered Ind	Seems two and send 29, 1030
Filed 9 26 19231 N. W. Melsier Registrar	B. B. Pawereyo Green hro
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more pressure area, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

S No. 1

PLACE OF BRATH County Tachat	11024 STATE OF MARYLAND CERTIFICATE OF DEATH
County	7.411
0	Registration Dist. No.
Village or City alen (No. 2FULL NAME Fred Ganter	St: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEB. OR DIVORCED (Write the word)	(Month) (Day) (Year)
andeterment,	17 HEREBY CERTIFY, That I attended the feccased from
7 AGE The probability (Month) (Day) (Year) 17 AGE The probability (Year) (Year) 18 LESS than I day	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Palerticular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Broncless Continue
(State or country) Ponama . A. 10 NAME OF FATHER	Secondary (Duration) yrs mos 2 ds. (Signed) M. D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER CHARGE 13 BIRTHPLACE	18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) gryngelist	Former or usual residence
(Address) (Addre	Tilghman Md Sept /8, 19 31 20 UNDRITAKER ADDRESS X Hanelleton Harrison St. Michaele
If more banks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

Edditional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material cupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Womsary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective co fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House Never return "Laborer," "For man," "Nanager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For persons who have no occupation (not paid Housekcepers who receive a Locomotive engineer

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. approved by Committee on taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. valvular heart Nomenclature The contributory Measles; disease;

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Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, For persons who have no occupation Laborer-Coal mine, etc. Wom-Locomotive engineer, not gainfully em-

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American Medical Association.) tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage cough; Chronic etc. The contributory valvular heart Nomenclature need not be disease;

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11026
1. PLACE OF DEATH	(A)
County Tallet	Registration Dist. No. 290
Village or City Sastau	NoSt.,Ward
4.4	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2 FULL NAME Dicke	(AA)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Day) , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0.11.031	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is sald
1 day,hrs.	to have occurred on the date stated above, at
8. Trada, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stel-low
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	Therestine
S. High profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPIK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and year) occupation	about 7 mounts.
12. BIRTHPLACE (city or town) [all to co.	Other Coutributory Causes of importance:
(Stata or country)	Turally hand work-
II 13. NAME	washing! & lufting
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Leve May Dressow 16. BIRTHPLACE (city or town) Suytteen	23. If death was dua to external causas (VtOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury19
17. INFORMANT Fred Smith (Address) Eastern md.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Earthu Date 9/2 1931	Nature of injury
19. UNDERTAKER Fred Smith	24. Was disease or injury in any way retated to occupation of deceased?
20. FILED 9/2 , 1931 M. M. Merrica Registrar.	(Signed) M. Merrus, Aveal agreesus (Address) Castar, Md.
If more blanks are needed address State Periods as	October Street Delivery Description 71 C No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU	4			
Other contributory causes of importance:		Other contributory causes of importance:	10.5	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

Exact

/ PLACE OF DEATH	STATE OF MARYLAND
County Talk of	CERTIFICATE OF DEATH
The second secon	(210)
0 4	Registration Dist. No. 270
Village or City Caslaw (No	(If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Emma D	number.)
() () () () () () () () () ()	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferral White Single, Markied, Single Wildowed. OR Divorced (Write the word)	Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
110 91000000 1	Sept, 2 1913/10 Sept 2, 1913.
(Month) (Day) (Year)	that I last saw h & alive on Sept 2 , 1923/
7 AGE If LESS than	and that death occurred on the date stated above, at 10 35 m.
I day hrs.	The CAUSE OF DEATH * was as follows;
15 yrs. mos. ds. or min.?	
8 OCCUPATION (a) Trade, profession or	1 104 11
particular kind of work School quel	Frequet Skull,
(b) General nature of industry	Custo Occibent - Near
business, or establishment in which employed or (employer)	(Duration) yrs, mos ds,
9 BIRTHPLACE	Contributory
(State or country) M and Sand	Secondary (December) / vre mos de.
10 NAME OF	(Signed) W, Williamer M. D.
FATHER Days Ryes	600 1/001 /11
O II BIRTHPLACE OF FATHER	192 (Address) CHAMPU
Z (State or country) (MA CALLY CALLY	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TE MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER	At place of death yrs mos ds. In the State yrs ds.
(State or Country) / A Country	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or M.
(Informant) / Harris	usual residence
(Address) greens boro Md	DATE OF BURIAL OR REMOVAL DATE OF BURIAL SISTES, 1931
15 Filed 9/4 1921 71 H. News	20 UNDERTAKER ADDRESS
Registrar	1.10 / auturgs 1000
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

14.097

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, (b) For persons who have no occupation If the occupation has been changed Automobile factory. The material Architect, Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection Chronic interstitial nephritis, etc. The contributory Whooping unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Committee on Nomenclature Chronic valvular heart disease; need not be Measles ;

S. No.

N. B.

PLACE	OF	DEATI	Н
County L	M	Lo	7

11028

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 27/
Village or City New Royal Oakso. 2FULL NAME Edward Field	St.: Ward) (If death occurred in a hospitals of Institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE SINGLE, MARRIED, Warned WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 19 14 19 11 19 19 19 19 19 19 19 19 19 19 19
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 3, 1864 (Mogth) (Day) (Year)	that I lat saw h 1 and alive on Sefet 18 te 1921.
7 AGE [If LESS than	and that death occurred on the date stated above, at
l dayhrs.	
67 yrs. 4 mos. 19 ds. or min.?	
B OCCUPATION (a) Trade, profession or furmer	antie requigitation
particular kind of work / (b) General nature of industry	
business, or establishment in	For 3 Urs Comey have
which employed or (employer)	(Duration) yrs
SBIRTHPLACE (State or country)	Contributory Secondary
Jacob Co	Do rest Resolutation) yrs, mos. ds.
10 NAME OF FATHER WILLIAM	(Signed) J. D. M. D.
0 11 BIRTHPLACE	left-191731 (Address) Africal aclose
(State or country) Jalbot Cb	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental Suicidal or Homicidal.
of MOTHER WILLIAMS	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER TO SERVE	ients or Recent Residents) At place in the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Las a Fields	Former or usual residence
(Address) Royal Oak	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Royal Col Care Safet 21, 1951
Filed Sept 21 1938 John Herwales	newdaw & Harrison St Michaels

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping American Medical Association.) Examples: Accidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

V. S. No. 1

1PLACE OF DEATH	11029 STATE OF MARYLAND
County Jullal-	© CERTIFICATE OF DEATH
8 4	Registration Dist. No. 290
Village or City Coaston (No. Conservation of C	ency toppetate Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Black Single, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Seft. 15, 1931
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sept. 15 . 1931	
(Month) (Day) (Year)	that I last saw halive on, 192,
yrs. mos. ds. lfLESS than	The CAUSE OF DEATH, * was as follows:
a OCCUPATION (a) Trade, profession or	Carelles Themseloge
particular kind of work	literine
(b) General nature of industry business, or establishment in	(Duration) yrs, mos, ds.
9 BIRTHPLACE	Contributory Secondary
(State or country) / aryland	Duration)ds,ds,
10 NAME OF Charles Edward Fragier	(Signed) 192 (Address) Ester Ley'
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jances Beatrice Ping	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Transes B. Frances	Former or usual residence
(Address) Centreville, Md.	19 PLACE OF BURIAL OR REMOVAD DATE OF BURIAL 9/17, 1931
15 Filed 9/15 1981 M. A. Mensis Registrar	Chas Edw. Fragies Cutreil
If more banks are needed, address State Registra	ir, 16 W. Saratoga St., Batto., Requisiting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Maemorrnage, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." taken. For violent deaths state means of injuny State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

WRITE PL

N. B.-

statement of OCCUPATION Every item of Inform CIANS should state

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11030

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 290
1 1 1 0 0 0 11	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MUDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sept. 193 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sept 25, 183/	, 192, 192,
(Month) (Day) (Year) 7 AGE IIf LESS than	that I last saw halive on
yrs. mos. ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Stell Brigare Placent Grerie 1 (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER fall and Hawkins	(Signed) 2 (Address) Eddy (M. D.
OF FATHER (State or country) On anyland 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Was A Perulus 19 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) ala Hanikins	19 BLACE OF BURIAL OR BENOVED DATE OF BURIAL
(Address) Brauns W.	Centreelle 1/26, 13/
15 Filed 9/25 1981 N. Nessis	20 UNDERTAKER ADDRESS

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ao. V. # 3.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Nomenclature of the Example: Measles (disease valvular heart disease; etc. The contributory Measles;

S. No. 1

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PLACE OF DE	ATH
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11031

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 29/

Village or	City	Toya	l lak	(No. 4		
	100	11	,	P	71)
	2FULL I	NAME	Welter	1/2	Hyn	con

Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 6 1920 / 1920 / (Month) / (Day) 3 / (Year)
Sept 3 , 1876 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 3 192 to 192 that I just saw h solve on Sally 9 1921.
7 AGE If LESS than I day hrs or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs mos ds.
which employed or (employer) BIRTHPLACE (State or country) JONAME OF	Contributory Secondary (Duration) yrs
of FATHER Surison Typeson Il BIRTHPLACE OF FATHER (State or country) of Michaele	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Toschene Thomas 13 BIRTHPLACE OF MOTHER (State or Country) Poyal Wak	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(Informant) I A TW NOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence.
(Address) Rryal Dak	Poyal Oak, Sept 12, 1931
Filed Deft 12 1981 John Huwall	Landetra Harragon of Michaeles

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

dcfinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Civil engineer, Physician, Compositor, Architect, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condistated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJUNY cough; Chronic valvular heart disease; nephritis, etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

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(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Exhaustion," "Heart failure," "Haemorrhage," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease " "Convulsions,

infor- state &PA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	3
item of in should of OCCC	Village or City Neural Property	No. 94, death occurred in a hospital or institution, give its NAME instead of street and number)	 Ward
Every CIANS ement	Length of residence in city or town where death occurred yrs mos. 2. FULL NAME Harbell Johnson (a) Residence: No.	ds. How long in U.S. if of foreign birth?yrsmos St War d .	ds.
Table 1	(Usual place of abode)	If nonresident give city or town and State	
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
H	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 193	(ar)
RMANEN X A C T L classified.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of JUST 6 JULIUS	1 HEREBY CERTIFY That I attended deceased	d from
	6. DATE OF BIRTH (month, dey, end year)	I last saving alive on Seff. If , 19.3 / ; death	is said
IS A PEstated E properly certificate.	7. AGE Years Months Days It LESS than I day hrs.	to have occurred on the deto stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
be st be pr of cel	8. Trade, profession, or particular kind of work done, as SPINNER House SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	leute Myseardetis	n onset
K-T nould may back	work wes done, as SILK MILL, SAW MILL, BANK, etc	<u> </u>	
5 to 12	10. Date deceased last worked at this occupation (month end year)	Other Contributory Causes of Importance:	
DI.	(State or country)	- Control of the cont	
INF. pplie erms inst	13. NAME unknown		
sul in t	14. BIRTHPLACE (city or town) tunture (State or country)	Name of operation	
	E 15. MAIDEN NAME MMMONOWY	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
.—WRITE PLAINLY, WIT mation should be carefully CAUSE OF DEATH in pla TION is very important.	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?	
	17. INFORMANT Those & Joses	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
	18. BURIAL, CREMATION, OR REMOVAL Place Man Buston Dete Oct 1 , 19-31	Manner of Injury	
	19, UNDERTAKER Maurice & Neumann Drong (Addiess) Francis Rod	24. Was disease or Injury In any way related to occupation of deceesed?	
Tx	20. FILEO Seft 39, 1934 Forest glossof Registrar.	(Signed Haymund Hype- Ally) (Address) & an ton My	M, D
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

elated causes Date of anset 1 week ago
4
-
1 week ago
3 days ago
ance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	STATE OF MARYLAND
County Vallat	CERTIFICATE OF DEATH
She \	95-t Registration Dist. No. 492
Village or City Oxford (No.	St.: Ward) (If death occurred a hospital or institution, give its NAME istend of street ar
2FULL NAME Julius Fraham	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male How Single, Married, Wilowed OR BIVORCED (Write the word)	16 DATE OF DEATH Set 7 - , 1924 (South) (Day) (Year)
DATE OF BIRTH	17 O I HEREBY CERTIFY, That I attended the deceased
Sept 1 1883	on Set 19 1991 . to , 192
" (Month) (Day) (Year)	that I last law halive on
If LESS that I dayhr	
48 yrs. 0 mos. 6 ds. or min	
(a) Trade, profession or	Heart tarlure
particular kind of work John Tulsen	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos.
which employed or (employer)	Contributory
(State or country)	Secondary (Duration) yrs mos
10 NAME OF	(Signed) (Signed) M.
FATHER WWW. DWW.	1921 (Address) Tilgliwen ny
OF FATHER (State or country) Calturate way	*State the l'iscase Causing I) ath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth I houndes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Wear Gaoline and	At place of deathyrsmosds. In the Stateyrsmos
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Charles & Shusow	Former or usual residence
(Informant) (Address) Coslin Pd	Spin Ail Cereley Early Syt 9, 193
Filed Sytt 8 1931. Soulation Registral	anes affine Este mil
If more banks are needed, addre. s tate Kegisti	rar, (6 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Civil engineer, Puysician, Compositor, Architect, Locomolive whatever, write Nonc. business, that fact may be indicated thus; Farmer (reg ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway traincarbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," ctc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite diseas tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, ctc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic ," etc., when a definite disease Example: Measles (disease etc. The contributory valvular heart Nomenclature Mcastes; disease

V. S. No. 1

	PLACE OF DEATH County Talk at	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 240
illeare.	Village or City Eastern (No. English Petus Johns	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ממש	3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0	Sept 14 - 193/ Wonth) (Day) (Year)	192 . to
an action	7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
2	mosds. ormin.? 8 OCCUPATION (a) Trade, profession or	Concealed Hemorlings
	particular kind of work	Still Bour
	business, or establishment in which employed or (employer)	(Duration)yrsds.
	9 BIRTHPLACE (State or country)	Contributory Secondary
	Gather Clarkson Johnson	(Signed) Zufaction yrs mos ds.
	11 BIRTHPLACE OF FATHER (State or country) Delaw	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Motherythe Lillian Dayton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Mystle J. Johnson	usual residence
	(Address) Ridgely, Ord.	omergeray hought Bate of Burial
	Filed 9/16 1925/ 9-K- News	20 UNDERTAKER HOLDEN ADDRESS
	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enbusiness, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation But in many """Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

1PLACE OF DEATH	11036 STATE OF MARYLAND
County (alba)	CERTIFICATE OF DEATH
	(122-a) Registration Dist. No. 290
Village or City Easton (No. Emergence 2 Full NAME Mr. Newry Letor	Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH September 30, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h malive on Seasy 30, 1931
7 AGE 1 2 yrs. 3 mos. 2 ds. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Superior He sesselle
business, or establishment in which employed or (employer)	(Duration) yrs most de
9 BIRTHPLACE (State or country)	Contributory Secondary Court Dyration 1 1782 mos ds.
10 NAME OF FATHER William hednum.	(Signed) M. D. M.
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Martha Wright	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos. 4 ds. State yrs ds. Where was disease contracted,
(Informant) Mrs. Source Longe	if not at place of dea.h? Former or usual residence Lordon 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Bawer Hilly Md.	Easton Md. Oct. 3, 1,31
Filed 10/2 1931 M. Melius Registrar	20 UNDERTAKER CADDRESS Castan
If more bianks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer, (6) Grocery;

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"Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Exhaustion," "Heart failure, "Shock," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiintercurrent) affection need not be Chronic etc. The contributory valvular heart disease;

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N. B.-

J	PLACE OF DEATH	11000 STATE OF MARYLAND
1	County fallol	CERTIFICATE OF DEATH
	***************************************	200
	S + S	Registration Dist. No. 290
I	Village or City (oaslon (No. Omero	gency Hazzartan Ward) (If death occurred in
		tion, give its NAME is -
	2FULL NAME Charles Martin	stead of street and number.)
1	The state of the s	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	3 BEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
	M. B. B. WIDOWED OR DIVORCED	september 18, 1921
	/ ale / succe (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	main a ine	Mug. 8 193/ to Sept 18 , 193/,
	(Month) (Day) (Year)	that I last saw himalive on Sefet 18 , 1931,
		745
	The state of the s	and that death occurred on the date stated above, at
	/2 yrs. 6 mos. /6 ds. or min.?	The CAUSE OF DEATH * was as ronows:
	8 OCCUPATION A A	DI L St. 1 1
	(a) Trade, profession or	Viruleit Hepatitis
1	particular kind of work	
	(b) General nature of industry business, or establishment in	
3	which employed or (employer)	(Duration)yrsmosds.
	9 BIRTHPLACE	ContributorySecondary
	(State or country)	
	I 10 NAME OF	(Paration) yrs mos ds.
	FATHER BOOK ON THE STATE OF THE	(Signed) M. D.
	11 BIRTHPLACE	192 (Address) Gaston Ma
	OF FATHER Z (State or country)	*State the Disease Causing Death, or, In deaths from
	ш	*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
I	OF MOTHER	At place of deathyrsmos./dsln theyrsmgsda.
	(State or Country)	Where was disease contracted,
I	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	B 11 12. +	Former or usual residence
	(Informant) Wadynd Martin	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Phurch full ma	In 1. 2h 7md bab as 21
	(Autros)	Marin 1001 III. Took of D. 10 3
	15 Filed 9/18 1981 n. S. Meines	20 UNDERTAKER ADDRESS
	Registrar	My 29 About principly of will
	If more bianks are needed, address Stata Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

11000

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Managor," "Deal-Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery.
Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,")

> accident; Revolver wound of head-homicide; Poisoned by approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Measles ;

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rc or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Physician, Compositor, Architect, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a Mrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Laborer-Coal mine, etc. Womsingle word or term on Locomotive engineer, 6 material Grocery;

Statement of Cause of Death—Name, first, the DISEALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart lande," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi interstitial nephritis, 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Committee on Nomenclature Chronic Example: Mcasles (disease etc. valvular heart disease; The contributory Measles;

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Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day 6 Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, Whooping approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease; Nomenclature The contributory "Dropay, of the

data is essential and permanently filed. answered in detail, it If this certificate is looked over thoroughly and a'l questions letail, it will be even thrift of respondence. All the nial and must be obtained before the certificate is filed.

N. B.--Every Item of information should be carefully supplied. ACE should be to EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact H UNFADING INK--THIS IS A PERMANENT WRITE PL

MARGIN RESERVED FOR BINDING

V. S. No. 1

1		3 3 C /t-11
1	PLACE OF DEATH	STATE OF MARYLAND
	County all all	CERTIFICATE OF DEATH
	4.	Registration Dist. No. 290
	Village or City Rean & State Tool	St.: Ward) (If death occurred in
9		a hospital or institu- tion, give its NAME is
2	2 FULL NAME devand lots	stead of street and number.)
		indicate,
000	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED THAN	16 DATE OF DEATH
4	WIDOWED.	DIAST 10 , 1931
0	Male Son (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH 1869	17 I HEREBY CERTIFY, That battended the deceased from
2	1. 4	/ LUD / 192/ 10 Detot 10 det 192/
	(Month) (Day) (Year)	that I last saw haralive on Safafala tau, 192 1.
3		and that deeth occurred on the date stated above, atm,
	l day hrs.	The CAUSE OF DEATH * was as follows:
19	yrsmosds. ormin.?	- for the state of
D	(a) Trade, profession or	fillmonard fut acculosus
1	particular kind of work	//
1	(b) General nature of industry business, or establishment in	
2	which employed or (employer)	(Duration) yrs. da.
	9 BIRTHPLACE	Contributory
	(State or country)	
-	1 10 NAME OF — 1	(Duration) yr mos de.
	FATHER AND STATE OF THE STATE O	(Signed) The M. D.
0	M 11 BIRTHPLACE	9/10 (1921 (Address)) (1) (1) Toy
	of father	*State the Disease Causing Death, or, in deaths from
	Z (State or country) 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER	At place of death yra mos, ds. In the State yrs mos ds.
1	(State or Country)	Where was disease contracted,
	14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	11 119/1-	Formet of usual readence
	(Informant) Des SY / SVSVI	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Castare mad	(11) 4. 191
		Denoville Mid 1/17. 1931
	Filed 9/11 1931 N.A. Neurus	27 WADERTAKER ADDRESS
	Registrar	Louis Colour Koston Mos
	If more bianks are needed, addre.s State Keristrar	, 16 W. Saratoga St., Salto., Requesting V. S. No. 1.
- 11		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Grocery;

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8

PLACE_OF DEATH	11042
County Salbot	STATE OF MARYLAND CERTIFICATE OF DEATH
B-+	82-0 Registration Dist. No. 290
Village or City Caslou (No	St.: Ward) St.: Ward (If death occurred a hospital or institution, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White . Single, Markets, Widowell, Wildowell, Wildowell, Write the word)	16 DATE OF DEATH Sept 77, 1931 Month) (Day) (Year)
6 DATE OF BIRTH Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to 192 that I last saw h AM alive on 192
7 AGE 1 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at O. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Policeman	lecrebral apoplery
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs mos
9 BIRTHPLACE (State or country) Manufaus	Contributory Secondary (Durstion) yrs
10 NAME OF FATHER Clina A Soulily	(Signed) Jasterens M. Septe 28 1928 J. (Address) Elaston
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MANY CHAN Security 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	ie LENGTH OF RESIDENCE (For Hospitals, Institutions, Training or Recent Residents) At place In the State yrs mos mos state yrs mos mos mos mos state yrs mos mos mos mos mos mos mos mos mos mo
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence
(Address) Restor well	Pastoy well sept 1919
15 Filed 9/28 1931 No. H. Merries	20 UNDERTAKER CODRESS

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation

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Statement of Gause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature as fracture of skull, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary Whooping cough; Chronic Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory

If this certificate is looked over thoroughly and all qu stlons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 11044
1. PLACE OF DEATH	92-0
County Salbert	Registration Dist. No. 290
	NoSt,Ward death occurred in a hospitator institution, give its NAME instead of street and number) ds. How long in U.S. N of foreign birth?yrsmosds.
10	The foliage in State of Foliage British
2. FULL NAME/Anns Aliones	Ot Ward (
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male. Married	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or history - Mollie I hornes HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) /8/14. Lux.	i lest sew h; deeth is seid
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at 5.30 2, m. The PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date decessed lest worked et this occupation (month and year) occupation (month and year)	mitral regurgitation Imformation Defa. W. Onlaw Search Officer, Easton mid,
12. BIRTHPLACE (city or town) Mary foul	Dther Contributory Causes of Importance:
13. NAME Land Thomas Land 14. BIRTHPLACE (city or town) Through Cauding (State or country)	Name of operation
15. MAIDEN NAME Que Planton	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Abollie Livery 18. MAIDEN NAME Livery 18. MAIDEN NAME Livery 19. MAIDEN NAME 19. MAIDEN NAME Livery 19. MAIDEN NAME Livery 19. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN	Accident, sulcide, or homicida?
18. BURTAL, OREMATION, OR REMOVAL	Mannar of Injury
Place New Chapel Data 4/27 , 1931	Neture of injury
19. UNDERTAKER Sure Of Bone (Address) Easton Tred	24. Wes disease er injury in any way related to occupation of daceased?
20. FILED 9/26 , 1931 7 4 Perus Registrar.	(Signed) : A : Resure, decel lagroff of
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Long A. Land	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11045
1. PLACE OF DEATH	CERTIFICATE OF BEATT
County Talbox	Registration Dist. No. 29/
Village or City A Muchan Ing	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence implify or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME //CFCAL / poman	No. of the contract of the con
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVDRCED (raggic the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attanded deceased from
(or) WIFE of	ang 1 10 5 1 to Sept 13 13/
6. DATE OF BIRTH (month, day, and year)	I last saw hamalive on and 1 , 1931; death Is said
7. AGE Years Months Days 23 If LESS than	to have occurred on tha date stated above, at 6,10 Am.
0 /8/6/ party 10 or min!	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SHINNER, SAWYER, BDDKKEEPER, etc.	Pulmany bebrealous date
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	/
1D. Dato daceesed lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Stomelal	Other Contributory Causes of Importance:
(State or country) Telbas lo am	Turn
13. NAME William homan) 44444
(State or country)	Neme of operation
15. MAIDEN NAME blos a adams	23. If death was dua to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Alburahan (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT black than a (Address) At Manalague Da	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Manner of injury
Place It and am Date Upl 15, 1931	Nature of Injury
19. UNDERTAKER A Manhard (Address) Standard	24. Was disease or Injury In any way related to occupation of daceased?
20. FILED Sept 1931 John Hurwalls Registrar.	(Signed) Zono W Sette M. D.
Cast - 10 - Killings	

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephrilis 7277	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

	PHYSICIANS should state tract statement of OCCUPA-	3
FOR BINDING	IS A PERMANENT I stated EXACTLY. vroperly classified. Frificate.	5:
V.S. No. 1 MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT BORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. FHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions of back of certificate.	3. 3. 5: 6. 6. 7

STATE OF MARYLAND-	1246
County talbu	Registration Dist. No. 29 2
	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 74 yrs.	os 6 _ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Clime Glisabeil for	moen
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Furst Hit OR DIVORCED (write the word)	(Month) (Oay) (Year)
5a. If merried, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I ettended deceesed from
(or) WIFE of January Hownson	am 27- 1931 to Petet 6 - 1931
6. DATE OF BIRTH (month, day, end yeer) 1857 Welge	I lest sey h. el elive on Sutt 5 - 1,1931 : death Is sai
7. AGE Yeers Months Deys II/LESS than	to heve occurred on the date steted above et - 9-42-m.
74 1 6 1 dey,hr	the college of DEATH and related causes of importance
9 Trade profession or postigular	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Ment An Jerlostine Consoni & diver ly 16-3
✓ 9. Industry or business in which	1000
work wes done, as SILK MILL, SAW MILL, BANK, etc	
of this occupation (month end (1) 46 34 spent in this 56	
year) occupetion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Jalone (State or country)	
14. BIRTHPLACE (city or town). I albor 60.	
I4. BIRTHPLACE (city or town) J. D. O. O.	Name ef operation
1 (State of Edulity)	Whet test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Olisabell Olley Cotile	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Clinabell Elley Ookee 16. BIRTHPLACE (city or town) Galbet Co	Accident, suicide, or homicide? Dete of injury, 19
State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Proham & Truce (Address) Subjected A)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Country her Mande De to 1,192	Nature of Injury
19. UNDERTAKER do asferrer	24. Was disease or injury in any way releted to occupation of decessed?
(Address) Coston will	If so, specify
20. FILEO. Sept 6., 1931 Delaston Registrar.	(Signed) orch (Gloss M. (Address) Supple her
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, thred 6 yers.). For persons who have no occupation state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., whatever, write None. business, that fact may be indicated thus: Farmer (reto report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked ou may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) a 'ditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

.head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inauition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, menvulsious," "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need not be Whooping cough; Accidental drowning; Struck by railway Never report mere symptoms or terminal Chronic valvular Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Mcastes (disease heart discase; (merely (second-

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STATE OF MARYLAND—CERTIFICATE OF DEATH

11048

1. PLACE OF DEATH	-11 ~		(123)		100
County ca	los		Re	gistration Dist. No.	293,
Village or City	Cordo	~	No	St	.,Ward
	•	/ /	death occurred in a horpital or institution, give	ve its NAME instead of street	t and number)
Length of residence in city or	town where death occurred	6 yrs mos	ds. How long In U.S. if of foreig	n birth!yrs	mos ds
2. FULL NAME	hary &	Moores			
(a) Residence: No.	1 Co	rdora	St., Ward.		i de la constitución
_/	(Usual pla	ce of abode)	If	nonresident give city or town	n and State
PERSONAL AND	STATISTICAL PAR	TICULARS	MEDICAL CERTI	FICATE OF DEAT	ſΗ
SEX 4. COLOR O	R RACE 5, SINGLE, M	ARRIED, WIDOWED,	21. DATE OF DEATH		
Temale . Ut		CED (write-the word)	(Mor	(Day)	, 193 /. (Year)
. If married, widowed, opdivorced		-	CMOR	(Day)	(Teal)
HUSBAND of	mer Hoor	Lara	22. I HEREBY CE	RTIEY, That I atte	ended deceased from
Sara	mer 31001	200	04/2 ,193	1, to Deph. 7	19.31
DATE OF BIRTH (month, day, and	d year) Oct 4.	1869	I last saw h Er alive on D	1 6	3/_ ; death is said
AGE Years	Months Days	If LESS than	to have occurred on the date stated above	, at 12/5 a.m.	
61	11 28	I day, hrs.	The PRINCIPAL CAUSE OF DEATH and were as follows:		A STATE OF THE PARTY OF THE PAR
8. Trade, profession, or particu	ular a/	7	were as follows.		Date of onset
kind of work done, as S SAWYER, BOOKKEEPER,	PINNER.	orefe	Chalanate !	Supporation	Recum
9. Industry or business in whi	ich		mit rull		allach
work was done, as SILK SAW MILL, BANK, etc				TE can by	7
10. Date deceased last worked	at 11. Tota	I time (years)	5 de al	or too late	- Pare -
this occupation (month a		pent in this coupation	Carry Carr		- 97-
	Salbat	Co.	Other Contributory Causes of Importance		50
. BIRTHPLACE (city or town) (State or country).		Mid.	Perton In 2	Lagran	Said
1 1/ 00	0.17	mul	7		7 / 4
13. NAME Stille as	~ Junea	/	4 h meser		- by fam
14. BIRTHPLACE (city or town)	Leukown		Name of operation	Oate	e of
(State or country)			What test confirmed diagnosis?	Was ther	e an autopsy?
15. MAIDEN NAME	ang.a. h	rorton	23. If death was due to external causes (V	OLENCE) fill in also the fol	lowing:
16, BIRTHPLACE (city or town)	Leuteam		Accident, suicide, or homicide?	Oate of Injury	
(State or country)	1		Where did injury occur?		
ach	ed by the	aters	Specify whether Injury occurred in INOU	secify city or town, county an	
(Address)	Cordon				
BURIAL, CREMATION, OR REMO	DVAL		Manner of Injury		
Place Gaston	Oate Sex	49 1931	Nature of injury	0	
1	1				
O. UNOERTAKER James	a Spene		24. Was disease or injury in any way rela	ted to occupation of decease	d?
(Address)	carlon		If so, specify		
0 FILED 9/7- 193	1. 1. L. Ban	duer	(Signed)	De la company de	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Registrar.	(Address)	Condon	· a

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	()	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OUT I was	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
		- sem dialo do		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year